



Physical Therapy Patient Attendance Policy

Achieve Therapy and Fitness strives to provide each patient with the highest quality of care while attempting to accommodate your schedule for your convenience. Therefore, we provide reserved time slots for each patient with a specific therapist in order to minimize your waiting and assure continuity of your treatment. Your consistent attendance of the planned treatment regimen is paramount to your full recovery.

While we are sensitive to the fact that an emergency may occur in a rare instance, cancellations, especially last-minute ones, along with patient no-shows, decrease our ability to accommodate the scheduling needs of the other patients. Additionally, no-shows display a complete lack of respect for your therapist and fellow patients. We must ask for your full cooperation with the following policy:

Scheduled Visits:

1. If you are more than 30 minutes late for your appointment and fail to notify us, treatment may be cancelled and you may lose the privilege of scheduling out further appointments.
2. All cancellations and no-shows will be documented in your medical record and appropriately reported to your physician.
3. **A scheduled appointment MUST BE CANCELLED AT LEAST 24 HOURS IN ADVANCE.**
If you fail to call and notify us within this time frame, there will be a \$50 fee.

No-Shows:

1. **Failure to show up for an appointment (“NO SHOW”) without notifying us will result in further action. 2 consecutive no-shows will result in cancellation of all remaining scheduled appointments.**
2. Repeated failure to comply with this **ATTENDANCE POLICY** will result in your name being placed on a **“Schedule Based on Availability”** list. This will require you to call for an open appointment on each day you would like to receive therapy. We will do our best to accommodate you, as space on the schedule permits.
3. **If you have a scheduled appointment and don’t show up to the appointment, there will be a \$50 fee.**

We believe that this policy is necessary for the benefit of all our patients, so that we may continue to provide high quality treatment and service to everyone.

All of the staff at ***Achieve Therapy & Fitness*** appreciates your anticipated adherence and cooperation with this policy.

Print Name

Signature

Date

Staff Signature

Date